

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) <i>(Use as many sheets as necessary)</i>	COMPLETE IF KNOWN	
	Application Number	Unknown
	Filing Date	Herewith
	First Named Inventor	Ruth Schaefer Gayde
	Art Unit	Unknown
	Examiner Name	Unknown
Sheet 1 of 1	Attorney Docket No.	LUTZ 2 00240

U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No.	Document No. Number-Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
/C.K./	AA	US-6,308,061 B1	10/23/2001	Criss et al.	
	AB	US-			
	AC	US-			
	AD	US-			
	AE	US-			
	AF	US-			
	AG	US-			
	AH	US-			
	AI	US-			
	AJ	US-			
	AK	US-			
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FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No.	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T
		Country Code-Number Kind Code (if known)				
	AM					
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	AO					
	AP					

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume/issue number(s), publisher, city and/or country where published	T
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Examiner Signature	/Cordelia Kane/	Date Considered	09/05/2007
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